

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550928

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5		①		1		
6		①		1		
7		①		1		
8		①		1		
9		①		1		
10		①		1		
11	1		1			
12		1		1		
13				1		
14		①		1		
15		①		1		
16		①		1		
17		①		1		
18		①		1		
19	1		1			
20		1		1		
21		2		1		
22	1		1			
23	1		1			
24	1		1			
25		3		1		
26		3		1		
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TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	32	←	22	←		←
TOTAL CLAIMS	39		29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						